

# Corrections Advisory Council

*Additional Exhibit for JHH-1-9-07*

## Recommendations of the Department of Corrections Advisory Council Nov. 30, 2006



### Background

At the Nov. 16, 2005, meeting of the Corrections Advisory Council, Chairman and Lt. Gov. John Bohlinger appointed a six-member subcommittee to study prison overcrowding and make recommendations about how to take the pressure off of the system. The subcommittee focused on increasing community corrections programs and services as a means of diverting offenders from prison, paying particular attention to special-needs populations such as drug offenders, sex offenders and the mentally ill. We looked at the needs of offenders before, during and after their incarceration, in order to improve the continuum of care and treatment, in hopes of reducing the recidivism rate. We also were aware that the native American population is over-represented in the system, and that the women's population is rising more quickly than the male population. Native Americans have a tougher time navigating the system than white inmates, and both the native American and women populations are on the rise due to drug offenses. Taking all of these factors into consideration, the committee makes the following recommendations, which are aimed at improving the system and the offenders' chances of success in the community.

The members are Rep. Gail Gutsche, Missoula, chairwoman; Sen. Jim Shockley, Victor; Reps. Tim Callahan, Great Falls, and Veronica Small-Eastman, Lodge Grass; Cascade County Sheriff Dave Castle; and Toole County Commissioner Allan Underdal.

The subcommittee met seven times: Jan. 5, Jan. 31, Feb. 27, March 31, May 8, June 19 and Aug. 1. The full council conducted its initial discussions of the proposed recommendations at its Sept. 8 meeting in Boulder, deciding to conclude the discussion and take final action at its Nov. 30 meeting.

### Recommendations

The following summarize the Corrections Advisory Council's recommendations adopted at its meeting on Nov. 30, 2006. All but one passed unanimously. The vote on No. 2 was 11-1.

1. Expand community-based programs and services for offenders by:
  - a) Creating a pilot project that offers financial incentives for local governments or service providers to increase community-based programs for offenders. The money would be paid to governments based on an established formula, such as the year-over-year reduction in the number of offenders committed to prison from a particular judicial district. The program would need an initial appropriation, although future funding could come from the money saved by the Department of Corrections due to reduced inmate admissions.
  - b) Modifying and expanding, particularly in rural areas, the existing system in which district judges operate drug courts and mental health courts to create dual-purpose "treatment courts" capable of handling those with both drug addiction problems and emotional/mental disorders; and as an incentive, providing DOC probation and parole officers when needed. This would address the fact that many offenders experience both afflictions and many of those with mental health problems are reluctant to submit themselves to a "mental health court" because of the stigma.
  - c) Developing criteria for developing adult "guide homes." This would be similar to a program already in place for juvenile offenders. These are private homes where residents are willing to take in an adult offender and offer him or her positive role models and mentoring that will put them on the right track.
2. Provide a stipend for a lengthy enough period of time (suggested at least three months) after an offender is released from prison to help them restart their lives. The current release stipend of \$100 is clearly not enough for a homeless, jobless offender to get restarted. This money, which would be administered by the offender's parole officer, would be used to help a person with critical expenses such as those related to housing, job-hunting and necessities of life. The DOC would pay bills, such as rent and restitution, directly to the vendors.
3. Changed the title of the "Sexual and Violent Offender Registry" to the "Sexual and/or Violent Offender Registry" to reflect that not all violent offenders listed there also are sexual offenders.
4. Help inmates adapt to release into communities by:
  - a) Employing case managers in prisons to help inmates better prepare for release by identifying community and mental health services that will ensure a continuum of care for offenders.
  - b) Adding specialized case managers to probation and parole offices to help offenders navigate wrap-around community services needed for their ongoing recovery. Currently, this service is being performed by parole officers who are already overwhelmed with huge workloads and may not be familiar with all of the available and necessary services.
5. Provide additional assistance to sex offenders by:

- Increasing sex offender and chemical dependency treatment capacity in prisons so that inmates do not have to wait long periods for mandatory treatment before they can qualify for parole eligibility.
- Asking the Workforce Development Task Force to put greater emphasis on filling the need for more sex offender therapists and other professionals capable of providing increased community treatment opportunities to offenders.
- Doing more to connect sex offenders with individual and group therapy opportunities upon release from prison. Recognizing that sex offenders need lifelong support and therapy, this will ensure they are connected to community therapy opportunities upon release from prison, and utilizing existing private providers where possible.
- Using case managers who specialize in working with sex offenders or the mentally ill offenders.
- Analyzing the potential for persuading more prerelease centers to accept sex offenders.
- Investigating the possibility of the state indemnifying sex offender therapists.

6. Ask the Department of Corrections and the state Board of Crime Control to collaborate on development of a comprehensive database of available offender services and their locations.

7. Conduct a study, lasting no more than two years, on non-prison alternatives to for treating non-violent offenders convicted a first or second time of simple drug possession. The study should be conducted by the Corrections Advisory Council and/or the appropriate legislative interim committee.



# MENTAL HEALTH OVERSIGHT ADVISORY COUNCIL

MISSION: PARTNERS IN PLANNING FOR A RECOVERY-BASED MENTAL HEALTH SYSTEM  
THROUGHOUT MONTANA

*Mignon Waterman,  
Chair*

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August 21, 2006

Joan Miles  
Director, Department of Public Health and Human Services

Senator John Cobb  
Chairperson, Legislative Finance Committee

We, the members of the Mental Health Oversight and Advisory Council have been studying the criminal justice system as it pertains to the mental health care of people in Montana. The Council recently ranked the criminal justice system as one of their top three priorities. We have identified some disturbing trends, problems, and needs. We realize that the criminal justice system has been put under significant stress by our current societal problems and we believe that those who serve in this system are doing the best they can with limited resources.

We are also impressed and heartened by the high priority this administration, you and your staff has placed on mental health. Please understand that the recommendations are not meant as criticism of the outstanding public service those within your division and within the criminal justice system provide. Rather, we present these recommendations as part of our statutory duty to "review and advocate for persons with mental illness." In some cases, we believe our recommendations may prevent some individual from entering the criminal justice system.

We respectfully request that you make the appropriate administrators aware of the Council's concerns and recommendations. The concerns are listed categorically under organizations, associations, or individuals that may be able to respond.

- I. Department of Public Health and Human Services
  1. The Council applauds Addictive and Mental Disorders Division's (AMDD) commitment to work with the Department of Corrections in the development of the Behavioral Health Program Facilitator position. We understand that the position is designed to serve as a liaison between the Department of Public Health and Human Services and the Department of

Corrections. Furthermore, the Council is excited about the recent hiring of Deb Matteucci as the Behavioral Health Program Facilitator. The Council recommends that this position be responsible for developing better services for seriously mentally ill individuals under the Department of Corrections, developing alternative placement for non-violent offenders who are seriously mentally ill, developing a pre-release center for seriously mentally ill offenders, and developing more community services for the seriously mentally ill offender who is being released. The Council recommends that this position serve as the chairperson of the Building Bridges committee.

2. The Council applauds AMDD and other department employees in the support of a Special Needs Offender Unit at Montana State Hospital. The Council recommends that this Unit be developed quickly based on the Legislature's directive to the Department of Corrections and appropriation of funds. The Council recommends that the unit specifically serve seriously mentally ill individuals in the correctional system. The Council recommends adequate professional staffing patterns with a full commitment to treating those with serious mental illness.
3. The Council applauds the Department's consideration of a comprehensive state wide crisis evaluation and stabilization system. The Council recommends that this system account for the needs for the seriously mentally ill individual who is being investigated, apprehended, or detained by law enforcement professionals. In keeping with the Crisis Intervention Team/Memphis Model, the Council recommends that the crisis system include regional facilities where teams could place seriously mentally ill individuals who have violated the law or created a disturbance. The placement would be a diversion from county jail with a focus on assessment and treatment of the mental illness. The Council also recommends that the crisis system include services to those in county jails, which are often challenged to obtain adequate crisis intervention services.
4. The Council has identified an increasing need to develop a system to identify seriously mentally ill offenders who are going to jail, are in jail, or are leaving jail. The Council recommends the development of an early warning system with the intention of providing for mental health treatment needs, which may in turn prevent relapse and enhance recovery.
5. The Council recommends that the Montana State Hospital reconsider the appropriateness of transferring patients from the hospital to the prison when they are perceived to have received the full benefit from the hospital's services. The Council is concerned about the detrimental impact of the prison environment and the potential for relapse. The Council recommends that hospital and prison administrators develop

alternative placements that protect the mental health of these patients, possibly in the soon to be developed Special Needs Offenders Unit.

## II. Department of Corrections

1. The Council applauds the Department of Correction's commitment to developing the Behavioral Health Program Facilitator position. We understand that the position is designed to serve as a liaison between the Department of Public Health and Human Services and the Department of Corrections. Furthermore, the Council is excited about the recent hiring of Deb Matteucci as the Behavioral Health Program Facilitator. The Council recommends that this position be responsible for developing better services for seriously mentally ill individuals under the Department of Corrections, developing alternative placement for non-violent offenders who are seriously mentally ill, developing a pre-release center for seriously mentally ill offenders, and developing more community services for the seriously mentally ill offender who is being released. The Council recommends that this position serve as the chairperson of the Building Bridges committee.
2. The Council applauds the Department of Corrections' commitment to develop a Special Needs Offender Unit at Montana State Hospital. The Council recommends that this Unit be developed quickly based on the Legislature's directive and appropriation of funds. The Council recommends that the unit specifically serve seriously mentally ill individuals in the correctional system. The Council recommends adequate professional staffing patterns with a full commitment to treating those with serious mental illness. If the Unit cannot be placed on the Montana State Hospital campus, we recommend that the Department quickly develop an alternative site, possibly close to a city with professional resources.
3. The Council has identified a need to improve mental health staffing patterns and services in all DOC facilities in order to meet the standards of care developed by the National Commission on Correctional Health Care. The Council recommends obtaining legislative approval to hire or contract for more direct care mental health professionals at the Montana State Prison, Montana Women's Prisons, and the regional prisons. The Council recommends improving the mental health staffing patterns at contracted prisons by developing contracts that specifically require minimal mental health staffing patterns and services.
4. The Council supports the Department's application for the federal grant under the Mentally Ill Offender Treatment and Crime Reduction Act. The Council believes the focus of this initiative, and the money, may help the Department divert seriously mentally ill offenders from the prison system.

5. The Council has identified a need for offenders with a serious mental illness to be given the same opportunities as those without mental illness to participate in a pre-release center. The Council recommends that the Department consider designating a certain number of beds in a pre-release for offenders with a serious mental illness. The Council recommends that this pre-release have the appropriate number of professional mental health staff to help meet these needs. It would also be beneficial to have a mental health case manager assigned to these individuals. For persons accepted into this placement, participation in community mental health programs and reasonable accommodation regarding fulltime work should be available.
6. The Council respectfully requests an annual report from the Department of Correction specifying the following:
  - a. Current populations by facility
  - b. Current mental health staffing by facility
    - number and types of professionals
    - number who are licensed
  - c. Current caseload of seriously mentally ill offenders by facility
    - total number
    - number in each major diagnostic category
    - number on psychotropic medicine
    - number on which major categories of psychotropic medicine
  - d. Current types of mental health treatment available by facility
  - e. Number of suicides in the prior year by facility
  - f. Number of mental health related lawsuits in the prior year.
  - g. A course description and outline of the mental health training provided to correctional and support staff by facility.
  - h. Current health care or correctional organization/association certifications.
  - i. Detailed plan to improve the mental health services provided to offenders in the next year.
7. The Council is aware that the Department of Corrections serves a population with a high rate of both mental illness and chemical dependency. The Council invites the Department of Corrections to join the Department of Public Health and Human Services in adopting co-occurring model of care. Department of Corrections staff members are eligible for training offered by the Department of Health and Human Services.
8. The Council recommends that the Department of Corrections develop a specialized pre-service and in-service training program for correctional, parole, and probation officers who supervise seriously mentally ill offenders in institutions or in the community.

9. The Council recommends that the Department of Corrections attempt to collaborate more with the county jails in order to obtain crucial mental health care information, identify "at-risk" individuals, and coordinate continuity of mental health care.
10. The Council recommends that the Department of Corrections consider methods for managing offenders who need to be segregated in a manner that will reduce the probability of mental health problems. A recent report completed by prison monitoring expert Dr. Harr offers some helpful suggestions.

III. Chief Law Enforcement Office  
Montana Law Enforcement Academy

1. The Council has identified a significant need for improvement in the training of police, detention, and correctional officers in the identification and appropriate management of persons with serious mental illness. The Council recommends initial and comprehensive training at the MLEA as well as on-going in-service training. The Council would like the opportunity to review the training curriculum and offer suggestions.
2. The Council recommends that Montana develop Crisis Intervention Teams (CIT) based on the Memphis model in order to more appropriately respond to persons with serious mental illness who have disturbed the peace or violated the law. This model focuses on developing teams made up of mental health crisis workers and police officers, designed to reduce the risk to officers as well as the individual being apprehended. AMDD, NAMI-Helena, and the Board of Crime Control have funded and led two training sessions at the Montana Law Enforcement Academy.

IV. Attorney General's Office  
County Attorney Offices  
Public Defender's Office

1. The Council acknowledges the research that has identified a disturbing trend towards the criminalization of individuals with mental illness who have violated the law. The Council recommends that individuals with mental illness be diverted from incarceration into treatment. Federal grant money may assist with this goal (Mentally Ill Offender Treatment and Crime Reduction Act).
2. The Council recommends a systematic training program designed to improve awareness and identification of serious mental illness in those being charged with legal offenses. The Council recommends offering this training to county sheriffs, county attorneys, judges, public defenders, and



others with a need to know this information in order to consider alternatives to incarceration.

3. The Council recommends that Montana establish more treatment courts. These treatment courts can develop plans that protect the public while also providing co-occurring treatment to the offender. The Council recommends consideration of community based services and sentences that promote recovery from co-occurring disorders.

V. Sheriff's and Peace Officers Association  
Montana Association of Counties  
County Jail Administrators

1. The Council is concerned about the increasing number of seriously mentally ill individuals being incarcerated in county jails. The Council recommends the pursuit of funding in order to hire professional mental health staff to address the needs of this population. The Council is particularly concerned with meeting the standards of care for jails as determined by the National Commission on Correctional Health Care. These standards call for routine mental health services, not just crisis services. Routine screening, assessment, and treatment are essential services for those in county jail. The Council is particularly concerned with the high suicide rate in county jails and recommends that each jail have a comprehensive suicide prevention program based on NCCHC standards. The National Institute of Corrections and National Association on Mental Illness may help provide educational and financial resources towards these goals.
2. The Council recommends that each county jail have a program to increase the awareness of serious mental illness among detainees. This should include specific training in the identification of signs of mental illness and suicide risk.
3. The Council is concerned about the practices of those prescribing psychotropic medicines to individuals in county jails, where the potential for abuse of medicine is high, and the call for "chemical restraints" may seem attractive. The Council recommends that those who prescribe psychotropic medicine in county jails be required to attend training provided Dr. Ken Minkoff or a similarly qualified professional. This training has been sponsored by the Department of Public Health and Human Services and is designed to enhance sensitivity to co-occurring disorders and promote recovery for those with mental health and substance abuse problems.

VI. Governor's Office

1. The Council recommends that you consider amending the mental health code so that the Mental Disabilities Board of Visitor's "powers and duties" include the responsibility and authority to review the treatment of people with mental illnesses who are inmates in state correctional facilities. The Council would encourage additional staff to provide this additional oversight.

Our Council stands ready to discuss these recommendations or to assist anyone in implementing them. Thank you for your consideration.

Respectfully,

Mignon Waterman  
Chairperson  
Mental Health Oversight and Advisory Council

C: Anna Whiting-Sorrel